

Nonrefundable Filing Fee \$25.00
Dishonored Check \$15.00 Fee
Plus Interest Charge

State of Hawaii
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
1010 Richards Street
Mailing Address: P. O. Box 40, Honolulu, HI 96810

FILE IN DUPLICATE
Domestic General Partnership

GENERAL PARTNERSHIP DISSOLUTION STATEMENT

of _____
(Name of Partnership)

This is to certify that the above partnership was dissolved, and the undersigned partners submit the following information as required by law:

1. The partnership was dissolved on _____
(Month Day Year)
2. The partnership was dissolved by () mutual consent of all partners, () disagreement among the partners, () death of a partner, () _____
3. The name and residence street address of each partner on the date of dissolution was

4. Street address of the principal place of business was at _____
5. It was impossible to secure the signature of the following partners, due to the circumstances set forth for each

We certify, under the penalties set forth in Section 425-13 of the Hawaii Revised Statutes, that we have read the above statement and that the same is true and correct.

Witness our hands this _____ day of _____, 19_____.

(see Instructions on reverse side)

INSTRUCTIONS

Statement must be typewritten or printed in Black Ink. All signatures must be in Black Ink.

This statement must be signed and certified by all the partners, and filed in the Department of Commerce and Consumer Affairs, together with the filing fee of \$25.00, within thirty days after the partnership is dissolved. In such cases where the circumstances make it obviously impossible to secure the signature of one or more partners, the name of the partner must be stated with the circumstances that prevent the securing of the signature. Failure to file a dissolution statement within the prescribed time will make each partner liable severally to the State in the amount of \$25.00 for each and every month while the default shall continue.

1. State the month, day and year the partnership was dissolved.
2. State how the partnership was dissolved.
3. State the names and residence street addresses of all the partners. If partner lives in a rural area where no street addresses are available, give best address available, and put in statement *"NO STREET ADDRESS AVAILABLE IN AREA"*.
4. State street address of the principal place of business. If no street address available as principal place of business was in a rural area, give best address available, and put in statement *"NO STREET ADDRESS AVAILABLE IN AREA"*.
5. If a partner cannot be found to sign the dissolution, state the reason. The missing partner's name and last known address must be stated in Section 3.
6. All of the partners must sign the statement. Notarization is not required. If a partner is a corporation, a corporate officer must sign on behalf of the corporation. If partner is another partnership, a general partner must sign on behalf of the other partnership.